

FEB **10** 2016 **MAINEETHICS COMMISSION** 

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLA	ATOR INFORMATION		
Name CHRISTOPHER RECT	o Programme de la companya del companya de la companya del companya de la companya del la companya de la compan	Office:	nate
30 Knox St.		District	nand of the transment while one bodies on
City, zip code THOMASTON OS	1861	Phone (207)35465	71
PART 1. INCOME DERIVE	D FROM EMPLOYMENT BY ANO	THER	
List the name and address of each employer from whom yo economic activity of each employer.	ou received compensation of \$1,000 or	more. Specify the principal	type of
Name of Employer	Address	Principal Type of Econo Activity of Employer	
STATE OF MAINE	1000 6- 100	Elected	
MAINE STATELEGISLALINE	Lugueta, NE 04333	State Senator	2
			у у тарроподине головогориодинацию . ,
PÅRT 2. INCOME DER	RIVED FROM SELF-EMPLOYMEN		
(For Legislato	rs who are self-employed.)		
A. List the name and address of your business, if any, and I associated with a partnership, firm, professional association, entity.			
A Committee and Address of Edsiness Entity	Major Areas of Economic Activity (self)	Major Areas of Econo Activity (partnership, association or business entity)	
Name: DBA CAMBER CONE/BAYVICED PRESS Address: POBOX 153 Thomason ME 04861	Refail ice cream saces wholesale / Retail ART Publishing	management And SALES	
Name: Whitmore LLC	Commercial Real	partner in Lin	nital
Address: POBOX 780 Camplen, ME 04843	& Rental	owns and rents her	il Estre

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY  (For Legislators who are self-employed.)	MENT
B. List each source of income derived from self-employment that represents more than 10% of your greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the princentity or person from whom the income was derived.	derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	** A VARIANCE VALVA
Address:	ANALAL MARKANIAN ANALA MARKANIAN ANA
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your fi	rm.
Name and Address of Firm Major Areas of Pra (self)	octice Major Areas of Practice (firm)
Name:	
Address:	
Name:	TV Av. (AVERGO) (AV. AV. (AV. (AV. (AV. (AV. (AV. (AV.
Address:	46.454 AMII 16.99 AM
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include g	ifts. If none, check the box.
None	gyfareillanan ar dicharakter fallskeit ar dicharakter kandalar de dicharakter ar dicharakter fallskeit bestell
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: PINETREE Shop & BAYVIEW GAllery	RENTAL INCOME FROM Property LEASE
Address: 33 Bayview St. Campen, NEO4842	FROM PROPERTIESSE
1	
	Stock/BOND
Name: RBC DAIN RAUSCHER	Stock/BOND INVESTMENT
Name: RBC DAIN RAUSCHER	Stock/BOND
Name: RBC DAIN! RAUSCHEF Address: One PORTLAND SQ, POTHAMO, ME 04101  PART 5. REPORTABLE LIABILITIES	Stock/Bond Investment income
Name: RBC DAIN RAUSCHER  Address: One PORTLAND SQ, PORHAM ME 04(0)  PART 5. REPORTABLE LIABILITIES  List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If not	Stock/Bond Investment Income reporting period, and list the major
Name: RBC DAIN RAUSCHEF  Address: One PORTLAND SQ, POPHAMD, ME 04101  PART 5. REPORTABLE LIABILITIES  List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the	Stock/Bond Investment Income  reporting period, and list the major ne, check the box.
Name: RBC DAIN RAUSCHER  Address: One Pererrand So, Perflam ME 07(0)  PART 5. REPORTABLE LIABILITIES  List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no None	Stock/Bond Investment Income reporting period, and list the major
Name: RBC DAIN RAUSCHEF  Address: One PORTLAND SQ, Portlam ME 0101  PART 5. REPORTABLE LIABILITIES  List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no None	Stock/BonD Investment Income  reporting period, and list the majorne, check the box.  Principal Type of Economic
Name: RBC DAIN RAUSCHER  Address: One Pererrand So, Perham ME oylo]  PART 5. REPORTABLE LIABILITIES  List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If not None  Name and Address of Creditor	Stock/BonD Investment Income  reporting period, and list the majorne, check the box.  Principal Type of Economic
Name: RBC DAIN RAUSCHER  Address: One Perentand So, Perflam ME oylo  PART 5. REPORTABLE LIABILITIES  List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no Name and Address of Creditor  Name:	Stock/BonD Investment Income  reporting period, and list the majorne, check the box.  Principal Type of Economic

PART 6.	. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Inclination, check the box.	ude gifts with an aggregate v	value of more	than \$300 from a single source. If
None		Ресобликат (иншиненцияненцияна из наделя	kalifordisk politik politik politik politik politik politik politik ni 1931 manunun kalifordi ni mata historia (Kaliman paman kaliman
Name of Source of Gift  1. AMERICAN LEGISLATIVE EXCHANGE CO REIMBURSEMENT OF TRAVEL EX	ovnal 3. ferse 4.	Name of	Source of Gift
List the source of any honoraria accepted for appearances or	EPORTABLE HONORARI		nsibilities. If none, check the box.
Name of Source of Honoraria		Name of Soi	ırce of Honoraria
1.	erri presi reservado estretegicado estraturado de deservado a electrica de deservado de esta de deservado de e 3.	sammini aseesa asa asa marana sa a	
2.	4.	stood Advited to the American State and the State and the Constitution of the State and the State an	
PART 8. REPRESENT	TATION BEFORE STATE	AGENCIES	
List each executive branch agency before which you represe box.	ented or assisted others for o	compensation	of any amount. If none, check the
Name of Agency		estate of the estate have reduced to the state of the state of the state of the estate	
Name or Agency  1.	3.	IVALITE.	of Agency
$^{2}$	where the contract $A$ is the contract of $A$	Newscommentules and area becomes and	
PART 9 RUSIN	JESS WITH STATE AGEN	icies	
List each executive branch agency to which you or a member	anar est sa est est ét at, diban al ras lign	rije sije proprincija projektija.	r services with a value in excess of
\$1,000 during the reporting period. If none, check the box.  None	with the distribution of	managas //www.vzzillelisty vlizibelisk den velstavzillelisk	APPARENT STATE OF THE STATE OF
Name of Agency		Name	of Agency
1.	3.	المستعدد والمستعدد	
2.	4.		
PART 10. INCOME RECEIVE	ED BY MEMBERS OF IMI	MEDIATE F	AMILY
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not it	d of income represented. If y		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name: ELISABETH RECTOR	1. CANLERY 2. Consulting	Spouse or Domestic Partner	1. WAGES 2. FEES
The purple frames	3. Investments	Dependent	3. Dividenos + Interest
If dependent child(ren) receive more than \$1,000 of income	rectributions (COMPA) (FA) (FA) (FA) (FA) (FA) (FA) (FA) (F	Child Dependent	potronise and touristical control with order of the Mountain and investment against side and against an assignment and against and against a second side of the secon
for the reporting period, list only the type of economic activity and the kind of income.		Child	
		Dependent Child	

## PART 11. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.

	None
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Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
Knot warno Regional Economic Development Courcil 1170 Pleasant Pt. Ro. Cushing ME 04563	Bears Member	Choistophe Recton	recurrence o considerativa constructura de la const	Y W
MeCompact For Hyber Education 295 water St. 1 Swite 5 Augusta, ME 04330	BOAVD Member	Christopher Recton		No
GROWSMANT MAINE 309 Comberland Ave #202 portland, ME 04101	BEA1D Vnember	Christopher Rector		NO

## **SIGNATURE**

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)

Signature

2/12/10

## **ADDITIONAL INFORMATION**

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.		
Part/Section Number		
(generalization)	TIM PAYSON 503 Spruce Head Rd Sithernaston, ME 04858	interest income from unsecureo Coan
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